



**CITY OF BRIDGEPORT, BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION**

Permit No. _____	Receipt No. _____	Date Issued _____	<input type="checkbox"/> <i>Special Conditions on Rear</i>
FEES Building Fee _____	Building Dept. Est. of Value _____		Applicant Value of Work _____
Occupancy Fee _____			
<input type="checkbox"/> Full Fee Total _____			

This Section To Be Completely Filled Out By Applicant

To Erect

Site Address

Owner Name

Owner Address _____ City/Town _____ State: _____ Zip: _____

Telephone _____ Email: _____

Prime Contractor

Address _____ City/Town _____ State: _____ Zip: _____

Phone _____ Email: _____

Architect-Engineer

Address _____ City/Town _____ State: _____ Zip: _____

Phone _____ Email: _____

Mail Permit to: Name _____ Email _____

Address _____ City _____ State _____ Zip _____ Phone _____

TYPE OF CONSTRUCTION

Exterior Walls	Floors/Roof	Interior Frame
<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible	<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible	<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible

USE GROUP(S)

RESIDENTIAL	<input type="checkbox"/> One Family <input type="checkbox"/> Two family <input type="checkbox"/> Three or more family # _____ Units <input type="checkbox"/> Hotel-Motel-Rooming House <input type="checkbox"/> Garage _____ Cars
SWIMMING POOL	<input type="checkbox"/> Private (I Family Dwelling) <input type="checkbox"/> Public (State Health Dept. approval required) <input type="checkbox"/> Shed or Other
NON-RESIDENTIAL	<input type="checkbox"/> Assembly, Church, Restaurant, etc. <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Educational 12th Grade or less <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile, Stores, etc. <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station <input type="checkbox"/> Storage <input type="checkbox"/> Other _____

Change of use: _____	Describe Work To Be Done Fully:
New: _____	
Existing: _____	

This Section To Be Filled Out By City

	Flood Zone	Use Group	Floor Load	Fire Grading	Occup. Load	Type Const.	Code Version
Dimensions	Length	Width	Height	Stories	Area		
	New Const.						
	Existing						

Sprinklers Required Hazard Class _____ Water Demand: PSI, _____ GPM, _____

ZONING APPROVAL Block ____ Lot ____ <input type="checkbox"/> ZBA <input type="checkbox"/> Zoning Commission	HEALTH DEPARTMENT	FIRE MARSHAL
ENGINEERING APPROVAL <input type="checkbox"/> Flood Zone <input type="checkbox"/> Sanitary <input type="checkbox"/> Comb. <input type="checkbox"/> Storm <input type="checkbox"/> DEEP		<input type="checkbox"/> HISTORICAL DISTRICT

HOLD HARMLESS / RELEASE

City of Bridgeport and Bridgeport Building Department require that permittee shall indemnify and hold -harmless "City/Department", its employees and agents and release both from any and all claims or actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee may be required to insure against such claims in amounts appropriate to meet such obligation. City/ Department shall have the right to review and specify such amount and scope of coverage as it may deem appropriate for activities conducted under this permit.

The owner acting herein by and through his agent, licensed Engineer or Architect of the above described property hereby approves this application and agrees to comply with all appropriate statutes of the State of Connecticut and all regulations of the Connecticut State Building Code and to do work not specifically covered by this application.

"I declare under penalties of perjury that this application, including any accompanying plans, specifications, etc., has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of the work to be covered by this application, the proposed work is authorized by the owner in fee and applicant is authorized to make such application, and that I am the agent, Licensed Engineer, or Architect employed by

Signature of Owner or Authorized Agent _____ Print Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____